CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION

September 2004

Acad Med. 2004 Aug;79(8):737-43.

Integrating communication training into a required family medicine clerkship.
Egnew TR, Mauksch LB, Greer T, Farber SJ.
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Persistent evidence suggests that the communication skills of practicing physicians do not achieve desired goals of enhancing patient satisfaction, strengthening health outcomes and decreasing malpractice litigation. Stronger communication skills training during the clinical years of medical education might make use of an underutilized window of opportunity-students' clinical years-to instill basic and important skills. The authors describe the implementation of a novel curriculum to teach patient-centered communication skills during a required third-year, six-week family medicine clerkship. Curriculum development and implementation across 24 training sites in a five-state region are detailed. A faculty development effort and strategies for embedding the curriculum within a diverse collection of training sites are presented. Student and preceptor feedback are summarized and the lessons learned from the curriculum development and implementation process are discussed.
Publication Types:
Review
Review, Tutorial
PMID: 15277128 [PubMed - indexed for MEDLINE]

Am J Emerg Med. 2004 Jul;22(4):286-8.

Patient expectations for pain relief in the ED.
Fosnocht DE, Heaps ND, Swanson ER.
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The objective of the study was to assess patient expectations for pain relief in the ED. A convenience sample of 522 patients with pain and 144 patients without pain were enrolled in a prospective observational study at a university ED. Patients reported a mean expectation for pain relief of 72 % (95% CI 70-74). Eighteen percent expected complete (100%) pain relief in the ED. Patient expectations for pain relief were poorly correlated (r = 0.150) with initial pain intensity. Patients without pain reported a mean expectation for pain relief of 74% (95% CI 71-77) if they had presented with pain. There were no

differences in patient expectations for pain relief based on age or gender. Patients expect a large percentage of their pain to be relieved in the ED, and many expect complete analgesia. Patient expectations for pain relief do not vary based on age, gender or pain intensity.
PMID: 15258870 [PubMed - indexed for MEDLINE]

Ann Intern Med. 2004 Aug 3;141(3):226-32.

Comment in:
Ann Intern Med. 2004 Aug 3;141(3):221.
Ann Intern Med. 2004 Aug 3;141(3):222-3.
Ann Intern Med. 2004 Aug 3;141(3):223-4.
Ann Intern Med. 2004 Aug 3;141(3):224-5.

Racial and ethnic disparities in health care: a position paper of the American College of Physicians.
Groman R, Ginsburg J; American College of Physicians.
Disparities clearly exist in the health care of racial and ethnic minorities. This position paper of the American College of Physicians (ACP) provides ample evidence illustrating that minorities do not always receive the same quality of health care, do not have the same access to health care, are less represented in the health professions, and have poorer overall health status than nonminorities. The ACP finds this to be a major problem in our nation's health system that must be addressed. The ACP is dedicated to working toward eliminating all disparities in health care. This position paper sets forth specific positions for reducing these disparities and will be the foundation for public policy advocacy by ACP for eliminating racial and ethnic disparities in health care.
Publication Types:
Guideline
Practice Guideline
PMID: 15289223 [PubMed - indexed for MEDLINE]

Ann Intern Med. 2004 Aug 3;141(3):223-4.

Arch Intern Med. 2004 Aug 9-23;164(15):1690-7.

Communicating with patients about medical errors: a review of the literature.
Mazor KM, Simon SR, Gurwitz JH.
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BACKGROUND: Ethical and professional guidelines recommend disclosure of medical errors to patients. The objective of this study was to review the empirical literature on disclosure of medical errors with respect to (1) the decision to disclose, (2) the process of informing the patient and family, and (3) the consequences of disclosure or nondisclosure. METHODS: We searched 4 electronic databases (MEDLINE, CINAHL, PsycINFO, and Social Sciences Citations Index) and the reference lists of relevant articles for English-language studies on disclosure of medical errors. From more than 800 titles reviewed, we identified 17 articles reporting original empirical data on disclosure of medical errors to patients and families. We examined methods and results of the articles and extracted study designs, data collection procedures, populations sampled, response rates, and definitions of error. RESULTS: Available research findings suggest that patients and the public support disclosure. Physicians also

indicate support for disclosure, but often do not disclose. We found insufficient empirical evidence to support conclusions about the disclosure process or its consequences. CONCLUSIONS: Empirical research on disclosure of medical errors to patients and families has been limited, and studies have focused primarily on the decision stage of disclosure. Fewer have considered the disclosure process, the consequences of disclosure, or the relationship between the two. Additional research is needed to understand how disclosure decisions are made, to provide guidance to physicians on the process, and to help all involved anticipate the consequences of disclosure.
Publication Types:
Review
Review, Academic
PMID: 15302641 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2004 Jul 26;164(14):1508-12.

Timing in the communication of pain among nursing home residents, nursing staff, and clinicians.
Jenq GY, Guo Z, Drickamer M, Marottoli RA, Reid MC.
Department of Medicine, Yale University School of Medicine, New Haven, CT 06504, USA. jenqgy@ynhh.org
BACKGROUND: The management of nursing home (NH) residents' pain requires adequate nursing assessment and clinician knowledge of pain therapies. However, the timely communication of pain from residents to nurses and from nurses to clinicians is equally necessary. Using a 4-step model (nursing assessment of pain, notification of clinicians regarding pain assessment, clinicians' assessment of pain and intervention), and nursing reassessment following an intervention, we describe the timing with which each of these steps occur. METHODS: In a telephone survey of directors of nursing from 63 of the 68 nursing homes in New Haven County, Connecticut, we determined (1) how often nurses assess pain in residents, (2) when nurses notify clinicians about residents' pain, (3) how often clinicians assess pain, and (4) when nurses reassess pain after a clinician's intervention. RESULTS: Whereas in 76% of NHs nurses assessed pain in residents without pain at least "quarterly," only in 46% of NHs was pain assessed in residents with pain at least "every shift." In 42% of NHs nurses notified clinicians at least when the regimen was "ineffective." Only 55% of directors of nursing reported that clinicians assessed pain at least every 30 to 60 days. Finally, in 73% of NHs nursing reassessment occurred at least 1 hour after intervention. CONCLUSIONS: There is considerable variability in how frequently nurses and clinicians assess pain, when clinicians are notified about pain, and how frequently nurses reassess pain. Studies are needed to determine optimal timing in the communication process of pain to allow better pain management outcomes and quality of care for NH residents.
PMID: 15277280 [PubMed - indexed for MEDLINE]

AWHONN Lifelines. 2004 Jun-Jul;8(3):268.

The power of nursing: a patient's perspective.
Tinsley K.
AWHONN, FHMPP/ACG Program.
PMID: 15305601 [PubMed - indexed for MEDLINE]

Br J Nurs. 2004 Jun 24-Jul 7;13(12):722-4.

Confidentiality of patient information when preparing for death.
Dimond B.
University of Glamorgan.
Publication Types:
Review
Review, Tutorial
PMID: 15284635 [PubMed - indexed for MEDLINE]

Ethical Hum Sci Serv. 2003 Spring;5(1):7-20.

Is involuntary outpatient commitment a remedy for community mental health service failure?
Brown JD.
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Involuntary outpatient commitment (IOC) statutes exist in response to disorganized community mental health service delivery and perceived treatment non-compliance. These statutes attempt to force psychiatric patients to comply with outpatient mental health services. Mental health service consumers, providers, and advocates have increasingly questioned the necessity and legality of IOC. Credible research indicates that IOC does not substantially benefit consumers and may increase mental health deterioration. IOC has proven difficult to implement, enforce, and successfully measure. Rather than resorting to expanding coercive measures, mental health systems and policymakers must ensure provision of voluntary and accessible mental health services. Furthermore, IOC cannot be legally or ethically justified even if hypothetical research supporting its alleged effectiveness exists. This article summarizes influential and contradictory IOC research, explores legal issues, and proposes that providing voluntary consumer-driven services would reduce IOC usage and prevent criminalizing individuals experiencing serious emotional distress.
PMID: 15279003 [PubMed - indexed for MEDLINE]

Eval Health Prof. 2004 Sep;27(3):237-51.

The effects of physician empathy on patient satisfaction and compliance.
Kim SS, Kaplowitz S, Johnston MV.
Michigan State University, USA.
The present study attempted to develop new scales of patient-perceived, empathy-related constructs and to test a model of the relationships of physician empathy and related constructs to patient satisfaction and compliance. Five hundred fifty outpatients at a large university hospital in Korea were interviewed with the questionnaire. The data were analyzed using structural equation modeling. Patient-perceived physician empathy significantly influenced patient satisfaction and compliance via the mediating factors of information exchange, perceived expertise, inter-personal trust, and partnership. Improving physician empathic communication skills should increase patient satisfaction and compliance. Health providers who wish to improve patient satisfaction and compliance should first identify components of their empathic communication needing improvement and then try to refine their skills to better serve patients.
PMID: 15312283 [PubMed - indexed for MEDLINE]

Folia Med (Plovdiv). 2003;45(4):16-21.

The holistic approach to rehabilitation of patients after total hip joint replacement.

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AIM: The objective of the present study was to present the principles of a program used jointly by the Clinic of Orthopaedics and Traumatology and the Clinic of Physical Medicine and Early Rehabilitation at St. George University Hospital, Plovdiv for rehabilitation of patients with total hip replacement surgery. MATERIALS AND METHODS: We reviewed 486 cases of endoprostheses implanted by two surgical teams in the Clinic of Orthopaedics and Traumatology over a period of 6 years. We lay the stress on the fact that early mobilization of patients (3 to 5 days after operation) results in better functional results. We particularly emphasize the necessity of using a comprehensive approach that can have an effect on the psychoemotional status and the motivation of patients. RESULTS: The treatment results we evaluated by taking into account not only all functional parameters of restoring the range of hip joint motion but also the psychoemotional aspects of the recovery of patients after surgery. We took into consideration the range of motion of both the operated and the unoperated hip joints, the muscle strength, the walking distance, the type of gait, and the subjective evaluation of the patients (satisfied, not very satisfied, unsatisfied of operation). Particular attention was paid to the psychoemotional status of patients stimulating the positive feedback and their willingness to put in serious efforts toward improvement of their quality of life. CONCLUSION: The new approach to rehabilitation of patients with total hip replacement focuses not only on the collaboration between orthopedists, traumatologists and physical therapeutists, but also on the integral effect both on the physical state of patients and on their psychoemotional status with the aim of improving their quality of life.

PMID: 15272810 [PubMed - indexed for MEDLINE]

Gynecol Oncol. 2004 Jul;94(1):93-7.

The physician-patient relationship before cancer treatment: a prospective longitudinal study.

Hawighorst S, Schoenefuss G, Fusshoeller C, Franz C, Seufert R, Kelleher DK, Vaupel P, Knapstein PG, Koelbl H.
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OBJECTIVES: To evaluate quality of life before surgery for genital cancer to determine risk factors that might influence the physician-patient relationship. METHODS: From 1993 until 2003, 129 women with cervical cancer entered this prospective study. Patients were contacted 1 to 5 days before surgery by a psychologist or psychotherapeutically trained physician on the surgical ward. The semistructured interview included questions on the patient's psychosocial well-being according to criteria of the biographic interview technique. The preoperative anxiety level was evaluated by the STAI and quality of life by the Cancer Rehabilitation Evaluation System (CARES) and EORTC questionnaires. Patients were assigned to groups undergoing pelvic exenteration (n = 62) or Wertheim procedure (n = 67). RESULTS: The preoperative anxiety level did not correlate with the treatment modality. Women with a high anxiety level complained of a lack of information which correlated with a dissatisfaction

concerning the physician-patient relationship (r = 0.457, P = 0.001). Quality of life in terms of medical interaction and the need for information were indicated to be the most important aspects for cancer patients facing genital surgery. CONCLUSIONS: These data demonstrate the need for information strategies before surgery: first, to reduce anxiety by anticipating future quality of life outcome problems and, second, to improve medical interaction before stressful treatment options.
PMID: 15262125 [PubMed - indexed for MEDLINE]

Health Prog. 2004 Jul-Aug;85(4):34-9, 58.

Spiritual care at the end of life. Some clergy lack training in end-of-life care.
Norris K, Strohmaier G, Asp C, Byock I.
Life's End Institute: Missoula Demonstration Project, Missoula, MT, USA. knorris@lifes-end.org
PMID: 15314901 [PubMed - indexed for MEDLINE]

Health Prog. 2004 Jul-Aug;85(4):27-33.

Aligning values with practice. The Promoting Excellence program demonstrates the practicality of palliative care for patients, families, and caregivers.
Twohig JS, Byock I.
University of Montana, Missoula, USA.
Publication Types:
Case Reports
PMID: 15314900 [PubMed - indexed for MEDLINE]

Health Prog. 2004 Jul-Aug;85(4):20-2, 57.

Listening to stories of pain and joy. Physicians and other caregivers can help patients find comfort and meaning at the end of life.
Puchalski CM.
George Washington University, George Washington Institute for Spirituality and Health, Washington, DC, USA.
PMID: 15314898 [PubMed - indexed for MEDLINE]

Health Soc Care Community. 2004 Jul;12(4):288-97.

An exploration of nutrition and eating disabilities in relation to quality of life at 6 months post-stroke.
Perry L, McLaren S.
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Quality of life (QoL) is increasingly recognised as an important healthcare outcome, especially for those living with enduring disability. Stroke is a major source of long-term disablement and many aspects of life after stroke have been explored. Little attention has been paid to nutritional issues despite the cultural and hedonistic importance of food and eating, and the deleterious effects of malnutrition. The present study employed an epidemiological survey to investigate the contribution of dietary and nutritional factors in relation to QoL after stroke. The participants were 206 survivors of a cohort of acute stroke patients consecutively admitted to a National Health Service trust

hospital in South London, UK, between March 1998 and April 1999. They were interviewed in their homes at 6 months post-stroke. Cognitively or communication-impaired patients were precluded from interview except where a live-in carer participated as a proxy (n = 10). The participation rate for those who were eligible and could be contacted was 206 out of 218 (94%). Participants were assessed using standardised, validated tools for functional abilities in activities of daily living and eating, cognition and mood state, social support and economic indices, nutritional status, dietary intake, and QoL. Overall group scores demonstrated relatively minor degrees of physical disablement; exclusion of those with limited cognition and communication precluded assessment of a small subgroup with greater disablement at hospital discharge. Nonetheless, the overall assessment results were not dissimilar to other reported groups. Indices of poor nutritional status and substantial dietary inadequacy were revealed, linked with reduced appetite and depression. Multiple regression analyses revealed the dominant impact of mood state in relation to QoL scores; additional significant effects were identified for social support, eating-related disabilities and age. The effects of mood and social support are well-recognised, whilst nutrition-related effects have previously received little attention. Intervention in these areas might achieve improvements in survivors' perceived QoL.
PMID: 15272884 [PubMed - indexed for MEDLINE]

Healthcare Benchmarks Qual Improv. 2004 Jul;11(7):78-9.

Health plans offer rewards for quality improvement.
[No authors listed]
Patient satisfaction, preventive care most commonly used indicators. Goal is to demonstrate value to health insurance purchasers. Trend is 'nascent'; future growth of trend is far from certain.
PMID: 15281729 [PubMed - indexed for MEDLINE]

Healthcare Benchmarks Qual Improv. 2004 Apr;11(4):suppl 1-2.

Patient safety alert. Beaumont makes patients partners in safety efforts.
[No authors listed]
PMID: 15329974 [PubMed - indexed for MEDLINE]

Healthcare Benchmarks Qual Improv. 2004 Apr;11(4):37-41.

Effective patient grievance policy can be vital tool for improvement.
[No authors listed]
Even if it were not required, quality managers would implement patient grievance policy. Hurt, frightened patients may be more likely to complain. Know the difference between a complaint and a grievance.
PMID: 15285473 [PubMed - indexed for MEDLINE]

Int J Health Care Qual Assur Inc Leadersh Health Serv. 2004;17(2-3):146-59.

Hospital service quality: a managerial challenge.
Rose RC, Uli J, Abdul M, Ng KL.
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Malaysia.
While much is known generally about predictions of customer-perceived service quality, their application to health services is rarer. No attempt has been made to examine the impact of social support and patient education on overall service quality perception. Together with six quality dimensions identified from the literature, this study seeks to provide a more holistic comprehension of hospital service quality prediction. Although 79 percent of variation is explained, other than technical quality the impact of the remaining factors on quality perception is far from constant, and socio-economic variables further complicate unpredictability. Contrary to established beliefs, the cost factor was found to be insignificant. Hence, to manage service quality effectively, the test lies in how well healthcare providers know the customers they serve. It is not only crucial in a globalized environment, where trans-national patient mobility is increasingly the norm, but also within homogeneous societies that appear to converge culturally.
PMID: 15301271 [PubMed - indexed for MEDLINE]

Int J Health Care Qual Assur Inc Leadersh Health Serv. 2004;17(2-3):92-104.

Elderly inpatients' priorities for acute care service quality.
Clark PA, Kaldenberg DO, Drain M, Wolosin RJ.
Department of Research, Operations and Service, Press Ganey Associates, South Bend, Indiana, USA.
This study examines elderly and advanced elderly inpatients' perceptions of acute care service quality, prioritises opportunities for quality improvement, and assesses variation in patients' satisfaction with care.
Psychometrically-validated postal questionnaires were sent to random samplings of patients discharged from the US acute care facilities in 2002 (n = 2,057,164). Quality improvement priorities among non-elderly (< 65 years), elderly (65-74 years), and advanced elderly (> 74 years) were similar but substantial variation was found comparing single items between age groups. Elderly and advanced elderly patients rated the quality of meals and rooms significantly lower than the non-elderly, and the advanced elderly rated treatment decision making involvement significantly lower than the other two age groups. The data reveals specific, actionable areas for quality improvement and a non-linear relationship between age and satisfaction. Findings question assumptions regarding older patients' evaluations of care and indicate directions for quality improvement that account for their unique needs.
PMID: 15301266 [PubMed - indexed for MEDLINE]

Internet Healthc Strateg. 2004 Jun;6(6):4-6.

Evaluating patient access to electronic health records.
[No authors listed]
Publication Types:
Evaluation Studies
PMID: 15293414 [PubMed - indexed for MEDLINE]

Issue Brief (Commonw Fund). 2004 Aug;(773):1-4.

Will consumer-directed health care improve system performance?
Davis K.
Consumer-directed health care plans have attracted attention as a method for

managing rising health care spending by giving consumers greater financial control over their health care. However, increased cost-sharing--the principal tool used by these plans to achieve lower spending--may also cause patients to consume less care, even when that care is essential. Research studies have found that lower-income individuals and those with serious health concerns will particularly be at risk, as these consumers bear the burden of higher out-of-pocket costs. Instead of focusing solely on financial incentives, the real goal should be to encourage quality and efficiency among health systems, physicians, and hospitals.
PMID: 15320335 [PubMed - indexed for MEDLINE]

J Am Acad Nurse Pract. 2004 Jul;16(7):300-10.

Characteristics of and problems with primary care interactions experienced by an ethnically diverse group of women.
Alexander IM.
Yale University School of Nursing, USA. ivy.alexander@yale.edu
PURPOSE: To reflect women's voices as they discussed characteristics of health care interactions and spontaneously identified problems in primary care interactions. DATA SOURCES: Five successive meetings with an ethnically diverse group of eight women were held to discuss primary care interactions with nurse practitioners. Field notes, seating charts, participant interaction notations, session transcripts, and audiotapes were repeatedly reviewed to identify significant statements. These were grouped into common categories to identify essential themes. Results were validated with participants. CONCLUSIONS: Components of primary care interactions included the process of making an appointment, access to the clinic, comfort of the waiting area and clinic rooms, and interactions with staff and clinicians. Problems were identified with interactions. The overarching issue was a lack of caring--a pervasive attitude demonstrated when clinicians failed to show concern, did not listen, were not trustworthy, or treated the women with disrespect or prejudice. IMPLICATIONS FOR PRACTICE: The women strongly valued caring clinicians. Caring, according to these women, is demonstrated when clinicians treat women as equals and show respect for their individual knowledge and life experiences.
PMID: 15291047 [PubMed - indexed for MEDLINE]

J Am Coll Health. 2004 Jul-Aug;53(1):41-3.

Improving patient satisfaction with waiting time.
Eilers GM.
Student Health Center, University of Wisconsin-La Crosse, 54601, USA. eilers.gayl@uwlax.edu
Waiting times are a significant component of patient satisfaction. A patient satisfaction survey performed in the author's health center showed that students rated waiting time lowest of the listed categories--A ratings of 58% overall, 63% for scheduled appointments, and 41% for the walk-in clinic. The center used a quality improvement process and instituted schedule and reception area changes. A follow-up survey 3 months later showed A ratings of 73% overall, 81% for scheduled appointments, and 56% for the walk-in clinic. A repeat survey 4 months later showed A satisfaction ratings of 79% overall, 85% for scheduled appointments, and 68% for the walk-in clinic. The author discusses strategies the center used to improve patient satisfaction with waiting time.
PMID: 15266729 [PubMed - indexed for MEDLINE]

J Am Diet Assoc. 2004 Aug;104(8):1227-35.

Comment in:
J Am Diet Assoc. 2004 Aug;104(8):1219-21.

Improvements in nutritional intake and quality of life among frail homebound older adults receiving home-delivered breakfast and lunch.

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OBJECTIVE: This study evaluated the influence that expanding a home-delivered meals service to include breakfast and lunch would have on the nutritional status and quality of life of at-risk older adults. DESIGN: This cross-sectional field study compared two groups. The breakfast group (n=167) received a home-delivered breakfast and lunch, 5 days per week. The comparison group (n=214) received a home-delivered lunch 5 days per week. Participants' 24-hour food recall, demographics, malnutrition risk, functional status, and surveys of quality of life as health, loneliness, food enjoyment, food security, and depression were obtained. PARTICIPANTS: Study participants were recruited from five Elderly Nutrition Programs involved in the Morning Meals on Wheels breakfast service demonstration project. They formed a geographically and racially/ethnically diverse sample. Participants ranged in age from 60 to 100 years, were functionally limited, and at high nutritional risk. Most were low income, lived alone, and had difficulty shopping or preparing food. STATISTICAL ANALYSIS: Descriptive statistics were used to assess group comparability. Independent sample t tests were used to examine group differences, with Bonferroni's method used to control for familywise Type I error. RESULTS: Breakfast group participants had greater energy/nutrient intakes (P<.05), greater levels of food security (P<.05), and fewer depressive symptoms (P<.05) than comparison group participants. CONCLUSIONS: The addition of a breakfast service to traditional home-delivered meals services can improve the lives of frail, homebound older adults. Agencies should be encouraged to expand meals programs to include a breakfast service to a targeted population.

PMID: 15281039 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 Aug 1;22(15):3181-90.

Review of determinants of patients' preferences for adjuvant therapy in cancer.

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PURPOSE: Many studies have determined cancer patients' preferences for adjuvant therapy, for example, by asking patients the extent of benefit they would need in order to accept the therapy. However, little is known about the determinants that influence these preferences. Our research goal was to explore which determinants underlie patients' preferences by means of a literature review. METHODS: PubMed searches were conducted to identify studies in which cancer patients' preferences for adjuvant therapy had been elicited by means of a treatment preference instrument. Twenty-three papers were evaluated with regard to reported relationships between preferences and potential determinants. A total of 40 determinants were recorded and classified into one of seven categories: (1) treatment-related determinants, (2) sociodemographic characteristics and current quality of life, (3) clinical characteristics, (4) measurement instrument-related determinants, (5) time-related determinants, (6) cognitive/affective determinants, and (7) specialist-related determinants.

Results: The benefit and toxicity of treatment, experience of the treatment, and having dependents (eg, children) living at home were important determinants of patients' preferences. Furthermore, qualitative data suggested that cognitive/affective and specialist-related determinants might have a large impact on patients' treatment preferences. CONCLUSION: Our results show that patients' preferences cannot fully be explained on the basis of treatment-related determinants and patient and clinical characteristics. More research is needed in the area of cognitive/affective and specialist-related determinants because of the lack of quantitative results. Furthermore, we recommend carrying out larger studies in which the (internal) relationships between determinants and preferences are assessed in the context of a cognitive cost-benefit model.
Publication Types:
Review
Review, Academic
PMID: 15284271 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 Aug 1;22(15):3091-8.

Patient-physician concordance: preferences, perceptions, and factors influencing the breast cancer surgical decision.
Janz NK, Wren PA, Copeland LA, Lowery JC, Goldfarb SL, Wilkins EG.
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PURPOSE: This study explored patient preferences for involvement in the breast cancer treatment decision and concordance between patients' and physicians' views on decisional role. The impact of demographic and psychosocial characteristics on patients' decisional role was also examined. PATIENTS AND METHODS: Women with stage I or II breast cancer who were candidates for either mastectomy or lumpectomy were recruited from a university breast cancer treatment center. Patient interviews were obtained before meeting the surgical oncologist and again after the treatment decision was made but before surgical intervention. Clinician responses were obtained after the consultation. RESULTS: The 101 participants were generally white (97%), married (80%), and well-educated. They reported moderate levels of depression and anxiety but good social support and self-efficacy in communicating with their physician. Before the consultation, 47% of women reported a preference for shared decision making; afterwards, 61% felt they had primary responsibility for the decision. Only 38% of patients agreed with the physician's assessment of how the treatment decision was made. In regression analyses, higher education was significantly associated with patients' preferred level of control (P = .01). There was a trend toward women with greater self-efficacy desiring more active decisional roles (P = .08). Patient preference for decision making did not impact time in the patient-physician encounter, but more influence did increase satisfaction. CONCLUSION: Limited concordance between patient preference and patient perception and between patient and physician perception in how the treatment decision was made suggests the need for better communication between patient and clinician during a critical treatment encounter for breast cancer patients.
PMID: 15284259 [PubMed - indexed for MEDLINE]

J Natl Black Nurses Assoc. 2003 Jun;14(1):45-51.

Sociostructural factors influencing health behaviors of urban African-American men.
Plowden KO, Young AE.
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African-American men are suffering disproportionately from most illnesses. Seemingly, action is needed if health disparities that disproportionately affect African-American men as compared to their White and female counterparts are to be reduced or eliminated. An important step in decreasing common health disparities evidenced among African-American men is to understand social factors that act as motivators and barriers to seeking care for most of this vulnerable population. Following a constructionist epistemology, this study used ethnography to explore social structure factors that motivate urban African-American men to seek care. Leininger's Culture Care Diversity and Universality Theory guided this study. Qualitative interviews were conducted with urban African-American men and other individuals in the community to explore understanding, attitudes, and beliefs about health. Critical issues examined included social factors associated with health seeking behaviors. Themes that emerged from these data indicated that critical social factors include: 1) Kinship/significant others; 2) accessibility of resources; 3) ethnohealth belief; and 4) accepting caring environment. The data also indicated a relationship between these social factors and health seeking behaviors of urban African-American men.
PMID: 15259998 [PubMed - indexed for MEDLINE]

J Natl Med Assoc. 2004 Aug;96(8):1107-8.

HIV testing rates among African Americans: why are they not increasing?
Daniels P, Wimberly Y.
HIV/AIDS disproportionately affects the African-American community. It is imperative to increase the awareness of HIV/AIDS as well as the amount of people getting tested. Sometimes strategies to increase testing in the African-American community do not have to do with access but more so with other circumstances surrounding testing. These include fear of needles, being discriminated against if HIV-positive, perception of low risk, and long waiting periods for results. It is important to consider that all of these factors have an effect on peoples' decision to be tested for HIV/AIDS when offering testing.
Publication Types:
Editorial
PMID: 15303418 [PubMed - indexed for MEDLINE]

J Nurs Adm. 2004 Jul-Aug;34(7-8):326-37.

Nurse-patient ratios: a systematic review on the effects of nurse staffing on patient, nurse employee, and hospital outcomes.
Lang TA, Hodge M, Olson V, Romano PS, Kravitz RL.
Tom Lang Communications, Murphys, CA, USA. tomlangcom@aol.com
OBJECTIVE: To determine whether the peer-reviewed literature supports specific, minimum nurse-patient ratios for acute care hospitals and whether nurse staffing is associated with patient, nurse employee, or hospital outcomes. BACKGROUND: Hospital care may be compromised by forces that have increased patient acuity, reduced the ratio of caregivers to patients, and lowered the level of training of these caregivers. METHODS: We systematically reviewed studies of the effects of nurse staffing on patient, nurse employee, and hospital outcomes published

between 1980 and 2003 to determine whether they could guide the setting of minimum licensed nurse-patient ratios in acute care hospitals. RESULTS: Of 2897 titles and abstracts of interest, 490 articles were retrieved, and 43 met the inclusion criteria. Although all adjusted for case mix and skill mix, only one recent study addressed minimum nurse staffing ratios. Patient outcomes were limited to in-hospital, adverse events. Evidence suggests that richer nurse staffing is associated with lower failure-to-rescue rates, lower inpatient mortality rates, and shorter hospital stays. CONCLUSION: The literature offers no support for specific, minimum nurse-patient ratios for acute care hospitals, especially in the absence of adjustments for skill and patient mix, although total nursing hours and skill mix do appear to affect some important patient outcomes.
Publication Types:
Review
Review, Academic
PMID: 15303051 [PubMed - indexed for MEDLINE]

J Oncol Manag. 2004 May-Jun;13(3):12-3.

Ten ways to improve patient relations.
Feldman J.
James Feldman Associates, Inc, Chicago, IL 60611, USA.
PMID: 15290906 [PubMed - indexed for MEDLINE]

J Psychiatr Pract. 2004 May;10(3):185-9.

Avoiding the malpractice snare: documenting suicide risk assessment.
Simpson S, Stacy M.
Simpson & Stacy, Dallas, Texas, USA.
Publication Types:
Review
Review, Tutorial
PMID: 15330226 [PubMed - indexed for MEDLINE]

J Womens Health (Larchmt). 2004 Jun;13(5):474-9.

Toward optimal health: the experts discuss therapeutic humor. Interview by Jodi R. Godfrey.
Goodman J, Fry WF Jr.
The Humor Project, Saratoga Springs, NY, USA.
Publication Types:
Interview
PMID: 15257840 [PubMed - indexed for MEDLINE]

Med Care. 2004 Aug;42(8):726-39.

Comment in:
Med Care. 2004 Aug;42(8):715-7.
Testing a new theory of patient satisfaction with treatment outcome.
Hudak PL, Hogg-Johnson S, Bombardier C, McKeever PD, Wright JG.
St. Michael's Hospital, and Health Policy, Management and Evaluation, University of Toronto, Toronto, Ontario, Canada. hudakp@smh.toronto.on.ca

OBJECTIVES: Theories of patient satisfaction with treatment outcome have not been developed and tested in healthcare settings. The objectives of this study were to test a new theory linking patient satisfaction and embodiment (body--self unity) and examine it in relation to other competing theories. DESIGN: We conducted a prospective cohort study. SETTING: This study was conducted at a tertiary care hospital. PATIENTS: We studied 122 individuals undergoing elective hand surgery. METHODS: Satisfaction with treatment outcome approximately 4 months after surgery was examined against the following factors (representing 7 theories of satisfaction): 1) overall clinical outcome, 2) patients' a priori self-selected important clinical outcomes, 3) foresight expectations, 4) hindsight expectations, 5) psychologic state, 6) psychologic state in those with poor outcomes, and 7) embodiment. ANALYSIS: Seven hypotheses
were tested first using univariate analyses and then multivariable regression analysis. RESULTS: Satisfaction with treatment outcome was significantly associated with embodiment. Three confounders--the extent to which surgery successfully addressed patients' most important reason for surgery, hindsight expectations, and workers' compensation--were also significant. The final model explained 84% of the variance in a multidimensional measure of satisfaction with treatment outcome. CONCLUSION: This research suggests that satisfaction with treatment outcome could be facilitated by developing strategies to improve body--self unity, and eliciting and addressing the patient's most important reason for undergoing treatment.
PMID: 15258474 [PubMed - indexed for MEDLINE]

Med Care. 2004 Aug;42(8):718-25.

Comment in:
Med Care. 2004 Aug;42(8):715-7.
Understanding the meaning of satisfaction with treatment outcome.
Hudak PL, McKeever PD, Wright JG.
St. Michael's Hospital, and Health Policy, Management and Evaluation, University of Toronto, Toronto, Ontario, Canada. hudakp@smh.toronto.on.ca
OBJECTIVE: Although satisfying patients is an important goal in health care, what is meant by satisfaction in relation to treatment outcome is not clear. The objective of this study was to explore patients' perspectives on the meaning of satisfaction with treatment outcome. DESIGN: We conducted a qualitative exploratory study. SETTING: This study was conducted at an adult tertiary care hospital. PATIENTS: Individuals who had undergone elective hand surgery were included in this study. INTERVENTION: In-depth, open-ended interviews in which 31 participants described their experience of a hand condition, how they evaluated the outcome of surgical interventions, and what it meant to be satisfied or dissatisfied with these outcomes were examined. ANALYSIS:: Interview transcripts were analyzed using Gadow's conceptualization of embodiment states: object body (disunity between the affected hand and the self) or cultivated immediacy (harmony between the hand and the self). RESULTS: Eight of 9 dissatisfied individuals were categorized as object body and 15 of 19 satisfied individuals were in, or in transition to, cultivated immediacy.These states fluctuated and were also dependent on context (eg, social setting) and time since surgery. CONCLUSION: In relation to the outcome of hand surgery, satisfaction was experienced as a relative lack of tension between the patient's sense of self and the affected hand (ie, satisfaction was having a hand that could be lived with unself-consciously). Emotional and social effects of interventions and the influence of context should be considered in future measures of satisfaction with treatment outcome. Finally, interventions

directed toward facilitating patients' experience of body-self unity could promote satisfaction with treatment outcome.
PMID: 15258473 [PubMed - indexed for MEDLINE]

Med Econ. 2004 Jul 9;81(13):60-1.

Should your patient still be driving?
Guglielmo WJ.
PMID: 15298459 [PubMed - indexed for MEDLINE]

Med Econ. 2004 Jul 9;81(13):54-9.

Caring for Chinese, Japanese, and Korean patients.
Pennachio DL.
PMID: 15298458 [PubMed - indexed for MEDLINE]

N Engl J Med. 2004 Sep 2;351(10):953-5.

Cultural competence--marginal or mainstream movement?
Betancourt JR.
Department of Medicine, Harvard Medical School, Boston, USA.
PMID: 15342800 [PubMed - indexed for MEDLINE]

N Engl J Med. 2004 Sep 2;351(10):951-3.

Culture and depression.
Kleinman A.
Department of Anthropology, Harvard University, Cambridge, Mass, USA.
PMID: 15342799 [PubMed - indexed for MEDLINE]

Nurs BC. 2004 Jun;36(3):26-8.

First, do no harm: the impact of the practice environment on patient safety.
Winslow W.
Registered nurses have leadership skills, vision and commitment, a willingness to be responsible and accountable, and an understanding of organizational systems--all of which help to improve practice environments and protect patients from harm.
Publication Types:
Review
Review, Tutorial
PMID: 15301079 [PubMed - indexed for MEDLINE]

Nurs Forum. 2004 Apr-Jun;39(2):35-6.

Invest in yourself: where has patient care gone?
West E.
Lake Superior State University, Marie, MI, USA. ewest@gw.lssu.edu
PMID: 15296197 [PubMed - indexed for MEDLINE]

Nurs Law Regan Rep. 2002 Jan;42(8):2.

Nurses failed to 'advocate' for their patient. Case on point: Rowe v. Sisters of Pallottine Missionary Society, 2001 WL 1585453 s.e.2d -WV.
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Publication Types:
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PMID: 15301071 [PubMed - indexed for MEDLINE]

Nurs Stand. 2004 Jul 21-27;18(45):14-5.

Easing the pain.
Wallis L.
PMID: 15356901 [PubMed - indexed for MEDLINE]

Nurs Stand. 2004 Jul 21-27;18(45):45-51; quiz 52-3.

Grief and its manifestations.
Dunne K.
Clinical Education Centre, North & West In-Service Education Consortium, Altnagelvin Hospital, Londonderry, Northern Ireland. kdunne@alt.n-i.nhs.uk
This article summarises the main theories of grief and how it manifests itself. The main stages in the grieving process are examined by reviewing the literature. It is important that nurses have some knowledge of the potentially complicated process involved in grieving to offer help and support to bereaved persons.
Publication Types:
Review
Review, Tutorial
PMID: 15305816 [PubMed - indexed for MEDLINE]

Nurs Times. 2004 Jul 13-19;100(28):34-6.

Improving care of older people through intermediate services.
Negus J.
Hospital Homerton University, London.
The aim of intermediate care, according to the National Service Framework for Older People, is to provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge, and maximise independent living. In Hackney, east London, this has resulted in two innovative approaches to meeting the NSF target. Homerton University Hospital NHS Foundation Trust has developed one post that addresses the needs of informal carers, and another that ensures older people who need help with their finances are able to access expert advice and support.
PMID: 15311536 [PubMed - indexed for MEDLINE]

Nurs Times. 2004 Jul 6-12;100(27):12-3.

Protecting vulnerable patients.

O'Dowd A.
PMID: 15317255 [PubMed - indexed for MEDLINE]

Pract Proced Aesthet Dent. 2004 May;16(4):260.

New patient communication.
Addleson L, Sveilist S.
AACD, San Diego, California, USA.
PMID: 15279229 [PubMed - indexed for MEDLINE]

Qual Life Res. 2004 Aug;13(6):1129-37.

Differences in health-related quality of life and treatment preferences among black and white patients with end-stage renal disease.
Hicks LS, Cleary PD, Epstein AM, Ayanian JZ.
Department of Medicine, Division of General Internal Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA, USA.
BACKGROUND: Relatively little is known about racial differences in health-related quality of life (HRQL) among patients receiving dialysis for end-stage renal disease (ESRD) or how such differences may relate to preferences for renal transplantation. METHODS: We surveyed 1392 patients, ages 18-54 approximately 10 months after they initiated dialysis in 4 regions of the United States. The HRQL measures analyzed were overall health, emotional health, physical activity, energy level, social activity, and effect of ESRD on daily life. We also examined whether the measures of HRQL were associated with patients' preferences for renal transplantation by race. RESULTS: After adjustment for socioeconomic and clinical characteristics, Black women and men reported better overall health than White women and men, respectively. Black women reported higher energy levels than White women, and Black men reported less negative effects of ESRD on daily life compared to White men. Black men with high levels of physical activity were less likely to be certain about preferring a transplant than White men with similar levels of physical activity. CONCLUSIONS: Black patients receiving dialysis reported better HRQL than White patients, even after controlling for potential confounders. Racial differences in preferences for renal transplantation among men may be associated with their levels of physical activity.
PMID: 15287279 [PubMed - indexed for MEDLINE]

Res Nurs Health. 2004 Aug;27(4):254-68.

Predictors of patient satisfaction with inpatient hospital nursing care.
Larrabee JH, Ostrow CL, Withrow ML, Janney MA, Hobbs GR Jr, Burant C.
Robert C. Byrd Health Sciences Center of West Virginia University, School of Nursing, Morgantown, WV 26506-9630, USA.
The purpose of this predictive nonexperimental study was to investigate the influence of registered nurse (RN) job satisfaction, context of care, structure of care, patient-perceived nurse caring, and patient characteristics on patient satisfaction with inpatient hospital nursing care in an academic medical center in north-central West Virginia. Convenience samples of patients (N = 362) and RNs (N = 90) were recruited from two medical units, two surgical units, and three intensive care step-down units. Causal modeling identified patient-perceived nurse caring as the major predictor of patient satisfaction, with nurse/physician (RN/MD) collaboration as the only other direct predictor.

Age had an indirect influence on patient satisfaction. Strategies to achieve and maintain patient satisfaction should address the enhancement of patient-perceived nurse caring and RN/MD collaboration.
PMID: 15264264 [PubMed - indexed for MEDLINE]

Telemed J E Health. 2004 Summer;10(2):122-8.

Telehomecare: quality, perception, satisfaction.
Finkelstein SM, Speedie SM, Demiris G, Veen M, Lundgren JM, Potthoff S.
Division of Health Informatics, Department of Laboratory Medicine and Pathology, University of Minnesota, Minneapolis, MN 55455, USA. stan@umn.edu
The aim of this study was to demonstrate that telehomecare linking homebound patients with their home health-care nurses over the plain old telephone system (POTS) provides high-quality, clinically useful, and patient satisfactory interactions. Congestive heart failure, chronic obstructive pulmonary disease, and chronic wound-care patients receiving skilled home nursing care were randomized into control (standard home health care, HHC) and two intervention (standard care plus video conferencing/Internet access; the above plus physiological monitoring) groups. Virtual visits (VVs), consisting of two-way audio and video interactions between the central site HHC nurse and the subject at home, were compared for technical quality and clinical usefulness by the HHC nurses who performed the VVs. Subject perception of telehomecare and satisfaction with their HHC were assessed over the course of the project. There were a total of 567 virtual and 1,057 actual visits conducted for the 53 subjects completing the study. The technical quality of VVs were rated at 94.7%. They were considered to be as useful as actual visits in 90.7% of cases. Subject telehomecare perception increased after experiencing the process. All subjects were satisfied with their HHC; satisfaction increased with an increasing level of telehomecare intervention. Subjects receiving physiological monitoring and video conferencing/Internet access in addition to standard care were most satisfied with their care. VVs can be conducted over POTS. Patients can use telehomecare with moderate levels of training. These programs can provide timely and quality home health nursing care with VVs augmenting traditional home visits.
Publication Types:
Clinical Trial
Randomized Controlled Trial
PMID: 15319041 [PubMed - indexed for MEDLINE]